PRINTED: 07/01/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G152 06/19/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 000 **INITIAL COMMENTS** W 000 A recertification survey was conducted from June 18, 2008, through June 19, 2008, using the fundamental survey process. A random sample of two clients was selected from a residential population of three females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews, and a review of records, including unusual incident reports, W 125 483.420(a)(3) PROTECTION OF CLIENTS W 125 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client's exercised their rights, for three of the three clients residing in the facility. (Clients #1, #2, and #3) The findings include: Observations on June 18, 2008, revealed there was no toilet paper, paper towels, or soap in the facility's first floor bathroom. Interview with the facility's house manager on June 18, 2008, at approximately 10:00 AM revealed the aforementioned toiletries were not in the bathroom due to Client's #2's misuse of them. According to the house manager, Client #2 was known to use an overabundance of the items. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Any deficiency statement ending with an asterlsk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

HKA' / Campagner with the sime sime such all that the NOW TO TO ULA ZOOO TO SEALON LAW IN TO NOT A ESPONANT A Made 151.002 May 2012 PRINTED: 07/01/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G152 06/19/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 125 Continued From page 1 W 125 Additionally, the client was known to take the same toilet tissue that she wiped herself with and wipe her face, arms and hands. Continued observations throughout the survey revealed the toiletries were kept in a cabinet adjacent to the bathroom. On June 18, 2008 at 3:44 PM, the house manager instructed the direct care staff to remove the toiletries from the W 125 bathroom before Client #2 arrived home From this day (07/10/08) "because she will stuff the toilet." At 3:51 PM, forward, toiletries will Client #2 arrived home from the day program. At remain in all bathrooms. 3:53 PM, she was observed to use the bathroom independently. The house manager indicated Two program goals geared that Client #2 received toilet paper and paper towards helping Client #2 towels after she was finished using the toilet. in learning the appropriate Observations revealed the toiletries were also use of toilet tissue and given to Clients #1 and #3 when they finished paper towels/napkins have using the toilet. been developed. Please find Interview was conducted with the house manager herewith skill acquisitions to ascertain if this practice had not been and data sheets. recommended by Client #2's Interdisplinary Staff will be trained on how Team. According to the manager " it was just to assist Client #2 in something that we do, because if we leave it there it will be gone." understanding the use of toilet tissue and paper It should be noted that throughout the survey, the towels/napkins while in the house manger was observed to retrieve the bathroom. necessary items from the cabinet each time the clients had to use the bathroom. At 4:39 PM, 07/10/08

Client #2 was observed to use the bathroom. When the client finished using the bathroom she went to the facility's kitchen and was observed to pull several sheets of paper towels from the roll. Continued observation revealed the client used the towels to wipe her hands, her arms, and her face before placing the towels in the trash can. Client #2 was observated at 5:08 PM to snatch

の主体でのため、40mmを40mmではWin で自己要求を2040Ammできました。 The $oldsymbol{\mathrm{HRA}}$ is the transformation of the state of the st 1006 mm. PRINTED: 07/01/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G152 06/19/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 125 Continued From page 2 W 125 several paper towels from the counter top in the facility's kitchen. She hurriedly wiped her mouth and placed the towels in the trash can. Review of Client #2's habilitation record on June 19, 2008, at approximately 6:00 PM revealed a Behavior Support Plan (BSP) dated November 14, 2007. The BSP revealed a section entitled "Behaviors of Concern and Functional Analysis." One of the behavioral concerns was the "inappropriate use of toilet paper/tissues/napkins." The plan indicated that the client had to be watched while she was in the bathroom, because in addition to using the items inappropriately, she uses them in an unhygienic manner. The plan further indicated that the client had been known to use the toilet paper to "wipe different parts of her body (moving from one part of the body to another, in a sequence that was unhygienic) and dropping wads into the toilet. Blockages have resulted in the toilet due to this

Client #2's BSP verified the interview held with the house manager that the IDT did not recommend the toiletnes to be removed from the facility's bathroom. At the time of the survey, the facility failed to ensure that the rights of each client was

The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.

This STANDARD is not met as evidenced by:

W 137

excessive use."

exercised.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A BUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019				
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W 159	Based on observatifalled to ensure the the use of appropriative clients (Client # The finding included On June 18, 2008, observed to be observed to be observed to be observed that the cliwore a loose fitting support. Due to the breast was observed Interview with the haforementioned date purchased six new at the time of the suensure Client #2 woundergarments. 483.430(a) QUALIFRETARDATION PRETARDATION PRET	on and interview, the facility right of each client to retain ately fitting bras, for one of the title? Included in the sample. Stat 4:17 PM Client #2 was see. Continued observation ient had very large breast and bra providing no brest effit of the client's bra her ouse manager on the revealed that she had just bras for Client #2. However, arvey, the facility failed to bre appropriate fitting SED MENTAL ROFESSIONAL A treatment program must be ated and monitored by a pardation professional. So not met as evidenced by the conduction of the cond	W 1		W 137 Six new well fitted bra have been purchased f Client #2. Please find receipt herewith. The House Manager (HM) on a weekly basis do quality and quantity clof Client #2's bras. Ne bras will be purchased needed. 07/	or will heck w	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE (COMPL	(X3) DATE SURVEY COMPLETED		
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	employee was prov training that enabled or her duties effective or her duties effective competently. [See Valent Program of the Enabled of the Client of the Conducted for Client (See W214) 4. The QMRP failed functional assessment conducted for Client (See W214) 4. The QMRP failed individual program of personal skills. [See 483.430(e)(3) STAF Staff must be able to techniques necessar to manage the inapport of the record, the factive of the record, the factive of the sample. The finding includes: The facility failed to pass effectively trained Support Plan (BSP) in the conducted to pass effectively trained Support Plan (BSP) in	ided with initial and continuing of the employee to perform his vely, efficiently, and W189] If to ensure staff were of implement Client #2's lan. [See W193] If to ensure a comprehensive ent of behavioral needs was that. If to ensure that clients' blans (IPP) included training in ew242] If TRAINING PROGRAM If to administer interventions propriate behavior of clients. In the skills and my to administer interventions interview and the review cility failed to ensure staff strate the skills and my to administer interventions int's behaviors, for one of the consultation of the c	W 193	W 159, 1 W 189 was not specific the deficiency report. W 159, 2 Please see W 193 W 159, 3 Please see W 214 W 159, 4 Please see W 242	ed in		

Client #2 was observed to use the bathroom and she was observed to get paper towels from the roll in the facility's kitchen. She pulled several sheets of towels, wiped her hands, her arms, and her face before placing the towels in the trash can. At 5:08 PM, Client #2 was observed to snatch several paper towels from the counter top

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUFFLIER/CLIA IDENTIFICATION NUMBER;		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 193	in the facility's kitch mouth and placed to Review of Client #2 19, 2008 at approx Behavior Support P 14, 2007. The BSF "Behaviors of Concord One of the behavior "inappropriate use of paper/tissues/napking strategies to address staff had been trained the time of the survet the techniques required. Observations on revealed Client #2 sentered the living rowas observed taking spit in her cup. At 55 finished her dinner, soom table and was It should be noted the observed the aforement intervene.	en. She hurriedly wiped her he towels in the trash can. Is habilitation record on June imately 6:00 PM revealed a lan (BSP) dated November Prevealed a section entitled ern and Functional Analysis." all concerns was the of toilet ms." The plan outlined is the behaviors. Although the led to implement the BSP, at ley they failed to demonstrate ired to manage the behavior. June 18, 2008, at 5:07 PM pitting on the floor as she orn. At 5:37 PM, the client if a sip of her ice tea and then leaf PM, Client #2 had she got up from the dining observed spitting in the floor, at the facility's staff also lentioned behavior, but did	W 193	W 193, 2 Cross reference W 1	193, 1 197/07/08		
W 214	outlined strategies to behavior. Although to implement the BSP, failed to demonstrate manage the behavior 483.440(c)(3)(iii) IND	IVIDUAL PROGRAM PLAN functional assessment must pecific developmental and	W 214				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 249	This STANDARD is Based on observation review, the facility for comprehensive fundevelopmental need two clients (Client#1). The finding includes Observation of the awas conducted on 6:39 PM. At 6:44 P with the assistance participating in the finding includes the administration of the administration of the facility's medical punch Client #1's mand place in her modulate in her modul	s not met as evidenced by: on, interview, and record ailed to ensure a ctional assessment of ds was conducted for one of i) included in the sample. s: administration of medication lune 18, 2008, beginning at M, Client #1 was observed of the medication nurse, ollowing activities related to f her medication: ation nurse was observed to edication from her bubble in cup. The medication nurse we the cup of medication to the as observed to take the pill uth independently. She was sk up a cup of water (already t independently. urse was conducted to had a self-medication acility's Licensed Practical ided to look for a essment in Client #1's medical that the client had not been ne of the survey, the facility int #1 was assessed for	W 2		W 214 Self-medication assess has been done for Clier #1. Please find herewith Self-medication progracurrently being implemented 07/0	nt h.	
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 249	each client must rectreatment program interventions and seand frequency to su objectives identified plan. This STANDARD is	ceive a continuous active consisting of needed ervices in sufficient number pport the achievement of the in the individual program and met as evidenced by:	w:	249			
	review, the facility fareceived continuous including needed intellents (Client #2) in: The finding includes The facility failed to	implement Client #2's	-		W 249 Cross reference W 193.		
	483.460(c) NURSIN	vide clients with nursing	WЗ	31	07/07/	<u>'08</u>]	
	Based on observation review, the facility's rendered that each clie in accordance with the clients (Client #2) income.	not met as evidenced by: n, interview, and record nursing services failed to ent received nursing services neir needs, for one of the two cluded in the sample.					
	The finding includes: 1. The facility's nurs maintain a Medicatio (MAR) for Client #3.	ing personnel failed to n Administration Record		-	W 331, 1 Please see W 365 07/07/0)8	·

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUIL	IULTIPLE CONSTRUCTION ILDING	(X3) DATE SURVEY COMPLETED		
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W 365	2. Observations of medication on June PM revealed Client On June 19, 2008 a Medication Adminisreviewed to verify the Continued review of physician's order for Review of Client #3' there was no medic dates of June 8th, 1 The bubble pack was aforementioned data facility's LPN on Junarevealed that he had regarding June 23, 2 According to the LP June 8, 2008 or June on vacation during the medication was not At the time of the supersonnel failed to ecalendar card for Cliencepting it from the administration. 483.460(j)(4) DRUG An individual medication was a modern of the supersonnel failed to ecalendar card for Cliencepting it from the administration. 483.460(j)(4) DRUG This STANDARD is Based on observation review the facility failed administration Recording techniques.	the evening administration of a 18, 2008 beginning at 6:39 #3 received Lorazepam 1mg. at 9:42 AM, the facility's stration Record (MAR) was the aforementioned medication. If the MAR revealed a record Lorazepam 1mg twice a day. It is bubble pack revealed that cation (Lorazepam) for the lefth, 23rd, and 24th, 2008. The second	W 36	W 331, 2 Medication delivery verification form ha put in place to ensurchecks and balances complete delivery of medicines. A protoc how to resolve the pof incomplete deliver medications has been place.	ns been re s of f all col on problem ery of	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	RIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	The finding includes The facility's medical administration of ea MAR as evidenced Observations of the medication on June PM revealed Client: On June 19, 2008 a Medication Administreviewed to verify the Review of the buble Lorazepam was mis Continued review of was no documented had been administed time of the survey, the medication or citimedication had not an interview with the Nurse (LPN) was confined to ascertable be alministed to show the surveyor Review of Client #3's evening Lorazepam 2008. Further intervithe client's other medication nurse midesignated box for the survey, the facility surveyor, the facility administered on the surveyor, the facility survey, the facility surveyor, the facility survey, the facility survey, the facility administered on the survey, the facility survey, the facility administered on the survey, the facility survey is survey.	ation nurse failed to document ich client's medication in the below: evening administration of 18, 2008, beginning at 6;39 #3 received Lorazepam 1 rng. It 9:42 AM, the facility's tration Record (MAR) was be aforementioned medication. Pack revealed that the sing from the package. It the MAR revealed that there I evidence that the Lorazepam red on June 1, 2008. At the here was no evidence that the idicating the administration of roled to note why the been administered. If facility's Licensed Practical inducted on June 19, 2008, at in Client #3's unexplained vening of June 1, 2008. The refacility's medication cabinet in the client's bubble pack. Is bubble pack revealed the was punched out for June 1, iew with the LPN verified that dications were observed to the same day (June 1, 2008), aination that perhaps the stakenly forgot to initial the me Lorazepam. At the time of ty's medication nurse failed to 108, MAR for Client #3.	W 365	W 365 Nurses have been train appropriate document of administered medication, an medication error. Empof the training were the concepts of medication omission (the date circle explanation at the back the MAR) and medicator (circle and initial circle with explanation back of MAR).	ation ation, d ohases e l ed and k of ation in the		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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COMP C	PROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP 1000 NEWTON STREET NE WASHINGTON, DC 20019			
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	The facility must proto avoid sources and This STANDARD is Based on observation facility failed to main avoid sources and to The finding includes. The entrance intervifacility's house manages of the entrance intervifacility's house manages of the entrance of the coverabundance of the towels. Continued in revealed Client #2 we tissue that she wiped face, arms and hand observations on Junger entered the living roow was observed taking in her cup. At 5:43 Feating icecream. Whicecream she took here	evide a sanitary environment of transmission of infections. In not met as evidenced by: on and staff interview, the stain a sanitary environment to ransmissions of infection. Example of the stain as a sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissions of infection. Example of the sanitary environment to ransmissio	W 45				
	icecream. At 5:46 Pl dining room table and the floor. It should be also observed the aff did not intervene. At facility failed to ensur	in the cup of unfinished M, the client got up from the d was observed spitting in e noted that the facility's staff prementioned behavior, but the time of the survey, the ethe environment was roces and transmissions of		W 454 Staff have been tracenvironmental saniand infection contraction Please find attached training record.	tation ol.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING			GOMPLETED	
	09G152	e, wi	۷G		06/1	19/2008	
OVIDER OR SUPPLIER			10	100 NEWTON STREET NE		13/2000	
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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0128 06/19/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 000 INITIAL COMMENTS R 000 A re-licensure survey was conducted from June 18, 2008, through June 19, 2008. A random sample of two residents was selected from a residential population of three females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews, and a review of records, including unusual incident reports. R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125 The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years. in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract R 125 worker had worked or resided within the seven Background checks will be (7) years prior to the check. conducted in all the states The finding includes: the two employees have resided. In the future, the Interview with the Qualified Mental Retardation facility will ensure that Professional (QMRP) and review of the GHMRP's global (all states) personnel records on June 19, 2008, revealed that the GHMRP failed to provide evidence that background checks are criminal background checks were on file and conducted for all new staff. disclosed a seven year history of all the 07/30/08 jurisdictions where the employee resided and

Health Regulation Administration

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 2

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1 000	INITIAL COMMENT	rs	•	1 000			
	18, 2008, through J sample of two residential population mental retardation a survey findings went the group home and	ey was conducted froune 19, 2008. A randents was selected from of three females wand other disabilities. The based on observational at two day program view of records, inclusionts.	dom om a vith The lons in s,		·		
1 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS		I 407				
	Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter.						
	This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons' (GHMRP) Nutritionist failed to provide evidence of a written quarterly report for each resident. (Resident #1)				I 407 The nutritionist has		
	The finding includes	;			updated all quarterlie	s.	
	Observation of Resident #1 on June 18, 2008, at 3:37 PM revealed the client was obese. Interview with the house manager on the aforementioned date revealed the client was prescribed a 1500 calorie, low cholesterol diet.			The Qualified Mental Retardation Professio has developed a form which will be used as auditing tool to remin	nal an		
	Review of Resident #1's habilitation record on June 19, 2008 revealed a Nutritional Assessment dated April 20, 2007. Further review of the assessment revealed a recommendation to weigh the client monthly and to report any weight increase of 5 lbs above/below to the nurse.				consultants to submit needed reports. Please attached the auditing	e find	
ealth Regula	tion Administration	Podeell 1	melo	1/2	TITLE		(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1)* PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	Continued review of nutritional quarterlie April 2008. The aforementioned were incomplete. A was no documented	f the record revealed as dated January 200 d quarteries revealed At the time of the sur d evidence to substant ded written reports a	08 and I that they vey, there ntiate that					
l 436	1 436 3521.7(f) HABILITATION AND TRAINING			I 436				
	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:							
	(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);							
	This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents in the area of self-administration of medication.							
	The finding includes	:						
	Observation of the a was conducted on Jo 6:39 PM. Resident a assistance of the main the following activity administration of her	une 18, 2008, beginr #2 was observed with edication nurse, parti ities related to the	ning at					
	The facility's medica punch Resident #2's pack in a medication gave the cup of med client was observed	medication from her cup. The medication ication to the client.	r bubble on nurse The					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) ĎATË SURVEY COMPLETED			
нероз-п		HFD03-0128	B. WING			06/19/2008			
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1 436	Continued From page 2			1 436					
J 474	and place it in her mouth independently. She was also observed to pick up a cup of water (already poured) and drank it independently. Review of Resident #2's medical record on June 19, 2008 at 6:28 PM revealed that the client had been assessed on November 30, 2007. Continued review of the client's record revealed that Resident #2 "may self-administer medication with the supervision of a licensed, trained or duly authorized person in this facility." At the time of the survey, the facility failed to ensure Client #2 was given the opportunity to participate in a self-medication program.			1474	I 436 Self-medication assessment has been done for Clien #1. Please find herewith Self-medication programmer currently being implemented 07/0	t n. m is			
1444	3522.5 MEDICATION Each GHMRP shall medication administration.	maintain an individu		14/4					
	This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nursing staff maintained Medication Administration Records (MAR), as follows:								
	The finding includes:								
	The facility's medica administration of ea MAR as evidenced I	ch client's medicatio	locument n in the						
-	Observations of the medication on June PM revealed Client on June 19, 2008 a Medication Administreviewed to verify the Review of the buble	18, 2008, beginning #3 received Lorazep to 9:42 AM, the facility tration Record (MAR) is aforementioned m	at 6:39 am 1 mg. /'s) was edicatīon.		-				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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1 474	Continued From page 3			1474					
	Lorazepam was missing from the package. Continued review of the MAR revealed that there was no documented evidence that the Lorazepam had been administered on June 1, 2008. At the time of the survey, there was no evidence that the MAR was initialed indicating the administration of the medication or circled to note why the medication had not been administered. An interview with the facility's Licensed Practical Nurse (LPN) was conducted on June 19, 2008, at 10:02 AM to ascertain Client #3's unexplained blank MAR for the evening of June 1, 2008. The LPN proceeded to the facility's medication cabinet to show the surveyor the client's bubble pack. Review of Client #3's bubble pack revealed the evening Lorazepam was punched out for June 1, 2008. Further interview with the LPN verified that the client's other medications were observed to be administered on the same day (June 1, 2008), and offered the explaination that perhaps the medication nurse mistakenly forgot to initial the designated box for the Lorazepam. At the time of the survey, the facility's medication nurse failed to maintain the June 2008, MAR for Client #3.				I 474 Cross reference W 36 07	5/0708			
1 500	3523.1 RESIDENTS	S RIGHTS		I 500]		
	that the rights of res protected in accorda	ence director shall er idents are observed ance with D.C. Law 2 applicable District and	and -137, this						
	Based on observation review, the facility fa	met as evidenced by: on, interview and reco tiled to implement pro exercise their rights,	ord actices to						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
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₩**4**21024 PRINTED: 07/01/2008 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0128 06/19/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1500 Continued From page 5 1500 It should be noted that throughout the survey, the house manger was observed to retrieve the necessary items from the cabinet each time the clients had to use the bathroom. At 4:39 PM. Client #2 was observed to use the bathroom. When the client finished using the bathroom she went to the facility's kitchen and was observed to pull several sheets of paper towels from the roll. Continued observation revealed the client used the towels to wipe her hands, her arms, and her face before placing the towels in the trash can. Client #2 was observated at 5:08 PM to snatch several paper towels from the counter top in the facility's kitchen. She hurriedly wiped her mouth and placed the towels in the trash can. Review of Client #2's habilitation record on June 19, 2008, at approximately 6:00 PM revealed a Behavior Support Plan (BSP) dated November 14, 2007. The BSP revealed a section entitled

"Behaviors of Concern and Functional Analysis." One of the behavioral concerns was the "inappropriate use of toilet paper/tissues/napkins." The plan indicated that the client had to be watched while she was in the bathroom, because in addition to using the items inappropriately, she uses them in an unhygienic manner. The plan further indicated that the client had been known to use the toilet paper to "wipe different parts of her body (moving from: one part of the body to another, in a sequence that was unhygienic) and dropping wads into the toilet. Blockages have resulted in the toilet due to this excessive use "

Client #2's BSP verified the interview held with the house manager that the IDT did not recommend the toiletries to be removed from the facility's bathroom. At the time of the survey, the facility failed to ensure that the rights of each

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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